

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/027 170

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
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TOTAL IND.	4		4			
TOTAL DEP.	6		8			
TOTAL CLAIMS	10		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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BEST AVAILABLE COPY